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PATENT APPLICATION FEE DETERMINATION RECOR. Substitute for Form PTO-875								Application or Doctor Number -0916691-250			
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL E	YITIN	ÓЯ	OTHER THAN SMALL ENTITY			
FOR KLIMBER FILED			MAKSER EXTRA			RATE	FEE	1	RATE	FEE	
BASIC FEE (IF GFR 1.16(4))								CR		•	
YOTAL CLAMS (27 CFR 1.16(d)	_ min	nihus 20 • •				xs		OR	X 8		
DIGEPENDENT CLAMS (37 CFR 1.14(N))	ndrugs 3 # *					,x s=		OR	X 8	-	
MULTIPLE GEPENDENT CLAIM PRESENT (SF CFR 1.14(4))						+1		OR	•1		
* If the differences in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II											
									OTHER	THAN	
(0	COLUMN 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR I		ENTITY	
- 72914	EMAINING AFTER MENDMENT	PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total promuses C	27		<u> </u>	• /		x ş •		OR	,, <i>5</i> 0.	T	
Title broad 1766	9 "	N45	3	• /		X 8=		OR	х <u>Д</u> Ф.	1	
FIRST PRESENTATION OF MULTIPLE CEPTINDENT CLAIM (SF CFR L. 19(4))						+1 .		OR	.360.		
_					' '	TOTAL ADD'L FEE		ar '	TOTAL ADDIL FEE	0	
12-21-05 (Column 2) (Column 3)									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	CLAIMS		HIGHEST		1	_		1 1			
P 8	EMAINING AFTER		NUMBER '	PRESENT		RATE ·	ADDI- TIONAL		RATE	ADDI-	
	ENDMENT		PAID FOR				FEE			FEE	
S profitting	27		29	•		X 8		OR	x s		
CA CAST 17888	3 "		3			X 8		OR	x s		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM GIT OFR 1.18(4)						+8		OR	+8=		
						YOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)								•	,		
	CLANE		HIGHEST		1			1 1	T		
E GALLAN	EMAINING AFTER CENDNIGHT	PR	MUMBER EVIOUSLY PAID-FOR	PRESENT EXTILA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
S CORLING	/)'/ Min		NY	• /		x s =		Q R	X 5=		
C Independent .	ろ -	us	3	•/ .		X 8		OR	X8		
FURST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1909D)						+s_=		OR	+ 5•		
				/	•	TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column ** If the "Highest Num!	n 1 is less than the her Prendously Peld	entry in c	MIS SPACE	"O" in column :	3.	207		,	•		
" If the "Righest Number Previously Paid For" IN THIS SPACE is less then 20, enter "20". "If the "Righest Number Previously Paid For" IN THIS SPACE is less than 15". The "Righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											
	TOTAL BY PART	~ 1104	AL STREET, ST.		-0	THE PERSON NAMED IN	and address of the		ALITED T.		

The critical standard Proviously Paid For' (Total or Independing to the highest number number number touring to the standard of intermetion to required by 37 CFR 1.16. The infermetion is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and extension the complete the best of the USPTO. The will very depending upon the individual case, any comments on the excess of the use require to complete this form and/or suggestions for mechang this burden, should be sent to the Chief information Officer, U.S. Patent and Tendemark Office, U.S. Department of Commerce, P.O. Sox 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Peternia, P.O. Box 1468, Alexandria, VA 22313-1468.